

## PAYMENT OF DOCTORS' BILLS

Your doctor may choose between two methods of payment:

1. Most doctors submit claims directly to OMSIP.
2. In some instances a doctor may bill you direct by letterhead account.

If so, two courses of action are open to you:

- (a) You may pay the bill and submit your claim to OMSIP; or
- (b) You may submit the claim prior to payment.

If you are billed direct, to receive the fastest service on your claims please make sure that each claim is completed correctly and that you or your doctor provide the following nine pieces of information every time you make an OMSIP claim:

1. OMSIP contract number
2. Contract holder's last name
3. Patient's first name
4. Patient's year of birth
5. Patient's sex
- \*6. Doctor's diagnosis
- \*7. Date(s) of doctor's service
- \*8. Doctor's services (specify if referred consultation)
- \*9. Doctor's fee

\*This information should be supplied by your doctor.

It may be in your interest to inquire from your doctor at the time of his service whether or not he accepts as payment 90% of the Ontario Medical Association Schedule of Fees 1967.

If your statement from the doctor shows that you have already paid him, OMSIP will return the statement to you *upon request which must be made when submitting the claim*. Please indicate clearly your name and address.

## COVERAGE UNDER AN ADDITIONAL CONTRACT

A contract holder who makes a claim for benefits, and who has in force any other contract which provides for benefits for medical expenses that are covered by the standard contract, has his standard contract benefits reduced by the amount of the benefits payable under the other contract.

## PREMIUM PAYMENTS

You are billed quarterly (every three months), but arrangements can be made for semi-annual or annual billing. (For further information ask for "Your OMSIP Billing" brochure, #A226).

**Note:** *DO NOT SEND CASH THROUGH THE MAIL. Cheques or money orders should be made payable to The Treasurer of Ontario.*

If your premium notice falls due while you are temporarily absent from the province, an advance payment to cover temporary absence may be forwarded to OMSIP. *You should always quote your contract number on all correspondence to OMSIP.*

## CONTRACT CHANGES

**IMPORTANT: REPORT CONTRACT CHANGES IMMEDIATELY.**

1. **Change of Address:** You must notify OMSIP of any change of address immediately. This protects you against the possibility of your contract lapsing.
2. **Change of Status:**

(a) *Becoming 21:* Dependant status ceases once you reach the age of 21. For continuous OMSIP coverage you should apply for your own contract within 30 days of your 21st birthday. If you do not apply within this time period, coverage becomes effective three months following the date your application is received and approved by OMSIP.

(b) *Marriage:* To provide your spouse with coverage from the date of marriage you must notify OMSIP within 30 days following the marriage.

(c) *Birth or adoption:* Newborn or adopted children who are registered with OMSIP within 30 days of the date of birth or adoption are covered from the date of birth or adoption. To register a new dependant just fill out an "Application for Addition of Dependant Child", available at any chartered bank, welfare agency, doctor's office or obstetrical departments in hospitals, and send it to OMSIP. Applications are also available by writing or phoning OMSIP. For further information ask for the "Addition of Dependant" brochure #E256.

## SOCIAL ASSISTANCE BENEFITS

If you receive benefits through the Department of Social and Family Services, or through your local municipal office, contact your social worker regarding your eligibility for *free* OMSIP coverage.

## NOTE TO SENIOR CITIZENS

There are two primary types of government pension you may receive as a senior citizen.

1. If you receive OLD AGE ASSISTANCE provided by the Province of Ontario you are automatically provided with *free* OMSIP coverage. Social Assistance

recipients are automatically issued with an OMSIP registration card. If you have not received your registration card contact your social worker regarding your eligibility for free coverage.

2. If you receive OLD AGE SECURITY, provided by the Government of Canada, you should make application directly to OMSIP for a standard medical services insurance contract, and for any premium assistance for which you might be eligible.

## CANCELLATION OF OMSIP COVERAGE

You are free to cancel your membership in OMSIP at any time. The Government, however, may cancel your contract only in cases of misrepresentation, non-payment of subscription, misuse of service, or three months after a subscriber has ceased to be a resident of the Province of Ontario. A covered person whose standard contract is cancelled, may appeal to the Medical Services Insurance Council, 135 St. Clair Avenue West, Toronto, except in the case of non-payment of subscription.

## DEFINITIONS

**Physician:** A legally qualified medical practitioner who is registered as such under a statute governing the practice of medicine in the jurisdiction in which any medical surgical or obstetrical services are rendered to a resident.

**Referral:** A request by a physician for a covered person made after an initial examination of the covered person, that the services of another physician be made available to the covered person.

**Resident:** An individual who is legally entitled to remain in Canada, who has ordinarily resided in Ontario for a continuous period of at least 90 days immediately preceding the date on which the application for a standard contract is made by him on his behalf, but does not include a tourist, transient or visitor to Ontario.

**Subscription:** The premium, fee or other sum of money payable for a standard contract, and includes all sums of money payable from time to time to maintain the contract in force.

**Dependant:** A resident of Ontario who is:

- (i) The spouse of the head of a family, or
- (ii) A child of the head of a family who is dependent for support upon the head of the family, and who is under the age of 21 years and unmarried.

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OMSIP

GENERAL  
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ONTARIO MEDICAL SERVICES INSURANCE PLAN  
135 ST. CLAIR AVENUE W., TORONTO  
PHONE 365-5911 • 365-5951

Code No. E205D-Rev. 2



ONTARIO MEDICAL SERVICES INSURANCE PLAN



**OMSIP** (The Ontario Medical Services Insurance Plan) helps pay for physicians' services whether performed in your home, the doctor's office or at a hospital. This low cost, government-sponsored medical services plan is completely voluntary. It does NOT pay for hospitalization.

To qualify for OMSIP coverage you must be a resident of Ontario for 90 continuous days prior to making application (visitors, tourists and transients are not eligible).

To apply for OMSIP coverage you simply fill out an application form available at any chartered bank in Ontario, or write or phone direct to OMSIP, 135 St. Clair Avenue West, Toronto 7, Ontario . . . 365-5911 or 365-5951.

## RATE OF PAYMENT

OMSIP pays at established rates, 90% of the Ontario Medical Association Schedule of Fees, 1967, for practically all physicians' services provided to the contract holder and his eligible dependants.

All Ontario residents are eligible for OMSIP coverage regardless of their age, state of health or financial circumstances. ALL contract holders and their eligible dependants have *identical* coverage.

## EFFECTIVE DATE OF COVERAGE

OMSIP coverage commences three months following the date on which the application is received and approved by OMSIP, with three exceptions as listed below:

(1) *If the applicant applies within 30 days of the termination of his coverage by a group medical insurance plan.*

Coverage then begins on the day following the date of termination of his group medical services insurance coverage.

To qualify for this continuity of coverage an applicant should complete the section headed, "If you have left a medical group insurance plan within the last 30 days state;" located on the reverse side of the OMSIP application form. The applicant must also include a "notice of termination of group coverage" form #E239, available from OMSIP.

(2) *The applicant is a new resident of Ontario who has lived in the province for at least 90 days but for less than 120 days.*

Provided application is received by the Division within 30 days of his fulfilling the 90 day residency requirement, coverage then begins on the first day of the month following that in which his application is received by OMSIP.

(3) *The applicant applies within 30 days following*

*his twenty-first birthday.*

Coverage then begins on the first day of the month following that in which his application is received at OMSIP.

If such an individual is presently listed as a dependant on an active contract, coverage would become effective on the day he reaches his 21st birthday providing continuity of coverage.

## REGISTRATION CARD

Your registration card identifies you as an OMSIP contract holder. When your contract becomes effective you will receive this card which bears your name, contract number and effective date of coverage. Present it to your doctor whenever you or your eligible dependants require medical services.

## PREMIUM ASSISTANCE

Assistance in paying OMSIP premiums is available on a yearly basis. Application for premium assistance should be made at the same time as application is made for OMSIP coverage.

### 1. Full Premium Assistance

Persons residing in Ontario for twelve months prior to making application for OMSIP who had no taxable income for the year ending December 31st last, may apply for full premium assistance. Persons qualifying will receive OMSIP coverage free of charge.

New OMSIP applicants should complete the section headed "Premium Assistance" located on the back of the application form.

### 2. Partial Premium Assistance

Partial premium assistance is available to persons residing in Ontario for twelve months prior to making application for OMSIP assistance, whose taxable income for the year ending December 31st last, falls within one of the three income levels outlined in the chart on page 3.

### 3. Temporary Assistance

Subscribers who are unable to purchase an OMSIP contract, or to continue premium payments on an existing contract due to illness, unemployment or disability may apply for temporary assistance. Temporary assistance forms are available from OMSIP and should be completed within 30 days of the due date of your premium payments.

The initial term of temporary assistance is three months. However, temporary assistance is available for additional periods of time should a subscriber's disability, continued unemployment or illness prevent

him from renewing full payment procedure. Re-application should be made 15 days prior to the expiration of the original three month period.

## OMSIP PREMIUM RATES AND ASSISTANCE

CATEGORY	FULL PREMIUM	ASSISTED PREMIUM
(1) <b>SINGLE</b> Covers one individual only.	If your taxable income was <u>more</u> than \$500 for the year ending December 31st last:  <b>YOU PAY</b> \$60.00 a year (\$15.00 every three months)	If your taxable income was \$500 or less for the year ending December 31st last:  <b>YOU PAY</b> <b>ONTARIO GOVERNMENT PAYS</b> \$30.00 a year      \$30.00 a year (\$7.50 every three months)
(2) <b>COUPLE</b> Covers the contract holder and one dependant.	If you and your one dependant had a <u>total taxable income</u> of <u>MORE</u> than \$1000 for the year ending December 31st last:  <b>YOU PAY</b> \$120.00 a year (\$30.00 every three months)	If you and your one dependant had a <u>total taxable income</u> of \$1000 or less for the year ending December 31st last:  <b>YOU PAY</b> <b>ONTARIO GOVERNMENT PAYS</b> \$60.00 a year      \$60.00 a year (\$15.00 every three months)
(3) <b>FAMILY</b> Covers the contract holder and two or more dependants.	If you and your family had a <u>total taxable income</u> of more than \$1300.00 for the year ending December 31st last:  <b>YOU PAY</b> \$150.00 a year (\$37.50 every three months)	If you and your family had a <u>total taxable income</u> of \$1300.00 or less for the year ending December 31st last:  <b>YOU PAY</b> <b>ONTARIO GOVERNMENT PAYS</b> \$60.00 a year      \$90.00 a year (\$15.00 every three months)

**Note:** Taxable Income is *not* the total earnings of you and your dependants for the year. Taxable income is the reduced amount of money on which you pay tax AFTER taking off any deductions for dependants (wife, children) and other exemptions (medical expenses, charitable donations, etc.).

For full details regarding premium assistance write or phone to OMSIP and ask for the Premium Assistance brochure #A225.

## BENEFITS

There is no limitation to the number of services for which payment may be made if these services are deemed "necessary".

They include:

Doctor visits in the home, office or hospital

Diagnosis and treatment of illness and injuries and the treatment of fractures and dislocations.

Diagnosis, pre-operation care and treatment, surgery and post operation care; anaesthesia and X-rays for diagnostic, surgical and other procedures;

Certain dental surgical services performed in a hospital by a dental surgeon appointed to the dental staff of that hospital on the recommendation of the chief of the surgical staff and with the agreement of the Medical Advisory Committee of that hospital.

Obstetrical care, including pre-natal and post-natal care. (No waiting period)

Certified specialist services (paediatrician, psychiatrist)

Laboratory services and clinical pathology when performed in a laboratory under the direction of a qualified medical doctor.

## EXCLUSIONS

Specific services excluded from OMSIP coverage include:

1. (a) Services that a covered person is entitled to receive under The Workmen's Compensation Act or similar legislation in any other jurisdiction.

(b) Services that a covered person receives under any act of this Legislature or under any enactment of any other jurisdiction.

(c) Services for which no charge would be made in the absence of insurance.

2. (a) Laboratory and other diagnostic procedures rendered as hospital services to the extent that these are provided for under the plan of hospital care insurance under The Hospital Services Commission Act, and laboratory services and clinical pathology other than those authorized or ordered by a physician, billed by a physician, and performed under the direction of a physician, subject to any limitations imposed by the regulations.

(b) Dental care other than certain dental surgical procedures referred to in "Benefits" above for dental purposes, including X-ray and anaesthetist services; nursing services; ambulance services; dressings and cast materials; use of operating, plaster or fracture rooms; drugs, vaccines, biological sera or extracts or their synthetic substitutes; eye glasses; special appliances; oxygen; physical therapy and other similar treatments.

3. Physician's services rendered to a covered person where the physician is paid to provide the services.

4. Services with respect to conditions that, in the opinion of a physician, are not detrimental to the health of a covered person, including services for cosmetic purposes only.

5. Expenses for travelling time or mileage.

6. Advice by telephone.

7. (a) Any services or examinations for the purpose of:

(i) An application for insurance or under a requirement for keeping insurance in force;

(ii) An application for admission to or continuance in or at a school, college, university, camp or an association;

(iii) Employment, or the continuance of employment, or pursuant to the request of an employer or other person in authority;

(iv) A passport, visa or other similar document.

(b) Any similar examinations other than for the health of the person covered.

8. Group inoculation or inoculations pursuant to a statute or by-law or regulation thereunder.

9. Examination of the eyes by refraction (i.e. for the purpose of obtaining eyeglasses).

10. Services rendered by a physician pursuant to an arrangement for rendering services to the employees of an employer or to members of an association.

**Note:** OMSIP does NOT pay for hospitalization. OMSIP is an additional service, not a substitute for hospital insurance. Hospital insurance is obtained through the Ontario Hospital Services Commission.

## OUT OF PROVINCE COVERAGE

OMSIP coverage extends around the world provided the contract holder remains an Ontario resident and is only away from Ontario temporarily for a period of less than a year.

When an OMSIP member requires physicians' services while outside Ontario, OMSIP pays for these services to 90% of the amount of the fee authorized in Ontario under the O.M.A. Schedule of Fees, 1967. If the bill happens to be for less than the Ontario rate, OMSIP will pay the entire physician's fee.

However, payment of the doctor for out-of-province services is a direct transaction between the patient and his doctor. The patient should obtain an itemized account from the doctor for his services and submit this claim to OMSIP.